

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

8719

1307

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (If this place) <u>Unknown</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> d. STREET ADDRESS (If rural, give location) <u>1000 East 14th Street</u> <u>314</u>			
3. NAME OF DECEASED (Type or Print) <u>SEIBOLD</u>		a. (First)		b. (Middle)		c. (Last) <u>HEARNES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 3 1950</u>		5. SEX <u>MALE</u> <input checked="" type="checkbox"/>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> <input checked="" type="checkbox"/>	
8. DATE OF BIRTH <u>JANUARY 1 1898</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 WEEK Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BLUEFIELD, WEST VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ELIJAH HEARNES</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Not Known</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES HEARNES</u> ADDRESS <u>1605 East 16th Street</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA (CLINICAL)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIONEPHROSCLEROSIS</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROTIC TYPE HEART DISEASE WITH HYPERTENSION</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-27</u> , 19 <u>50</u> , to <u>3-3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-3</u> , 19 <u>50</u> , and that death occurred at <u>4:18P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Ellis MD</u>		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>3-4-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington University</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-50</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HB Moore</u>		ADDRESS <u>1820 E 18th St</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.